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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)****Title of Invention**

As the below named Inventor(s), I/we declare that:

This declaration is directed to:

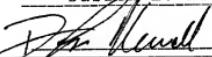
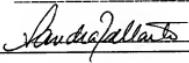
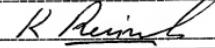
- The attached application, or  
 Application No. \_\_\_\_\_, filed on \_\_\_\_\_,  
 as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**Inventor one: Darren L. NewellSignature:  Citizen of: CanadaInventor two: Sandra S. BallarteSignature:  Citizen of: CanadaInventor three: Kasper K. ReininkSignature:  Citizen of: Canada

Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

 Additional inventors are being named on \_\_\_\_\_ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (10-00)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Newell
Group Art Unit	
Examiner Name	
Attorney Docket Number	583P20US-1

I hereby appoint:

Practitioners at Customer Number \_\_\_\_\_  
OR

Practitioner(s) named below:

Name	Registration Number
Harold C. Baker	19333
Robert A. Wilkes	28170
Robert G. Hendry	22927

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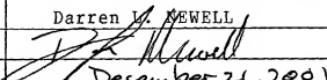
<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen				
Address	P.O. Box 3440				
Address	Station D				
City	Ottawa	State	ON	Zip	K1P 6P1
Country	Canada				
Telephone	613-232-5300	Fax	613-563-9231		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Darren J. NEWELL
Signature	
Date	December 21, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Total of 3 forms are submitted.

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Examiner Name	
Attorney Docket Number	583P20US-1

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Practitioner(s) named below:

Name	Registration Number
Harold C. Baker	19333
Robert A. Wilkes	28170
Robert G. Hendry	22927

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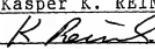
<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen			
Address	P.O. Box 3440			
Address	Station D			
City	Ottawa	State	ON	Zip K1P 6P1
Country	Canada			
Telephone	613-232-5300	Fax	613-563-9231	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Kasper K. REININK	
Signature		
Date	21 DEC 2001	

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AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Newell
Group Art Unit	
Examiner Name	
Attorney Docket Number	583P20US-1

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Practitioner(s) named below:

Name	Registration Number
Harold C. Baker	19333
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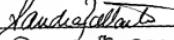
<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen				
Address	P.O. Box 3440				
Address	Station D				
City	Ottawa	State	ON	Zip	K1P 6P1
Country	Canada	Telephone	613-232-5300	Fax	613-563-9231

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/ISB/98).

**SIGNATURE of Applicant or Assignee of Record**

Name	Sandra S. BALLARTE
Signature	
Date	Dec 24 <sup>th</sup> , 2001

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